App. F. IX-4

Previous References

192 9-30
(Sanitary)

File No. 19-29

Serial Nos. 1-2

Later References

General and Revenue Secretariat.

Serial Nos. 2 ~~1-10~~ 9-17 E

Part B for October 1929.

SUBJECT

Approval form for the Health Activities in the cities

Sl. 2. No. G. 4068-75 of. 24. 9. 29.

To The Sany. Commr. in Mysore
Dr. W. C. Sweet
The Presidents of the City ml. Cls. of Bl'lore and Mysore
President Sany. Bd. K. G. F.

Approves of the adoption of the Approval form

Dly 28/10

Jm

G. R. S. III—1] 1929-30

GENERAL AND REVENUE SECRETARIAT.
(Sanitary)

NOTES.

File No. 19-29

FILE HEADING.

Appraisal form for the Health activities in the cities.

From The Sanitary commissioner

No. C 113 Dated — July 29 Received 1/8/29

Diary No. 790 Enclos. 2 Spare Copies. 4 Serial No.

BRIEF ABSTRACT OF LETTER.

Forwards a copy of his letter of 30 7 29 from Dr W. C. Scott with its enclosures recommending the adoption of the form for cities with a population of 50000 & over and requests that it may be approved & caused to be published as a P. H. dept Bulletin

NOTES AND ORDERS.

Subt for orders. The Sany comr states that the form is adopted from the American model to suit local conditions and would be very useful in measuring the progress of Health activities in the

NOTES—First Sheet.

Serial No.

the three cities for the present.

KP 2/8/29 (2) It is not stated either in the Sanitary Commr's letter or in Dr Sweet's letter to him as to who is to be the appraiser, year after year. If the valuation is to be in respect of only 3 areas as proposed the object of ~~prescribing~~ publishing the form as a Health Bulletin is not quite apparent.

KP 2/8/29 (3) The scoring is apparently meant to be done by the "Central Health authority" at each inspection of the work of the Municipality concerned. Dr Sweet says that if good results follow from the adoption of the form proposed by him it may be possible to extend it to smaller municipalities later.

(4) His proposals may perhaps be accepted.

Chief Sec'y) 3/8

5) The scheme ~~appears vague~~ is undoubtedly good but a bit vague. I take it the idea is that after the introduction of the scoring system into Bangalore, Mysore & Kolar, I think this may be generally approved. Apparently the Sanitary Commr will then prepare a bulletin containing further details. He may be asked to prepare it & submit it to Govt. for its publication. Further

SECRETARY'S OFFICE 1929

WD 01684—GPB—30,000—20-4-29

Serial No.

2165/28

To see Rules to me abo.

DEWAN'S OFFICE
2 SEP 1929
No. 10440

Order of Govt if any to be issued, may kindly be
Rg
25/8/29

3rd Member
&
Dewan

1) This is very American but I think it may prove very useful. In furnishing a standard for the depreciation measuring purposes in Hydro activities
I think the proposals might be approved
by us
29-8-29

Dewan
Rg
31/8/29 dd

8) Some more new valuation details & also
Mean to be it.
JM
3-9-29

OFFICE OF THE
SECOND MEMBER OF COUNCIL
4 SEP. 1929
No. 11414

Rg
3/9/29

9) For favor of perusal.
dd
4/9

2nd Member)

10) Seen
ers
6/9
Rg
7/9/29 dd

WD 01684—GPB—30,000—20-1-29

General and Revenue Secretariat | San File No. 19 of 192 9 | App. F. III—2]

Serial No.	
	1/ Subd with a draft Sony 10/9/29
	11 Typed draft subd. 18/9/29 2/ It is proposed to append the form to the G.O. 1c/ Draft for consideration As the order is of general interest, it may perhaps be placed on the Press table also. 18/9.
	Chief Secy)
	2887 21/9/29
2	To the Sans Commr Dr. W. C. Smeal the Presidents & the chs Municl Councils & Bangalore and Mysore the President Sans Board N. G. I. No. 4068-45 dt 24.9.29 Approved & the adoption & "Appraisal" form.

Please put up a typed draft as revised

OFFICE SEC. F
18 SEP. 1929

Prtn fy

GENERAL MISCELLANEOUS BRANCH
25 SEP. 19

Note—Contn. Sheet

WD 01634—GPB—30,000—20-4-23

100/

5

D.O.C113
Enc. three.

Office of the Sanitary Commissioner
with the Government of Mysore,

Bangalore Dated July 1929

GENERAL BRANCH
Rec'd 790
1 AUG. 1929

Dr. J.V.Karve, M.B.,Ch.B., D.P.H.,
Sanitary Commissioner in Mysore, Bangalore.

Sans 19-29-1

R. Ranga Rao Esq., B.A., B.L.,
Offg. Chief Secretary to the Government of
H.H. the Maharaja of Mysore, Bangalore.

1 AUG. 1929

Sir,

In forwarding herewith for favour of perusal of Govern nt Dr. Sweet's D.O. Letter No. T-58 dated 30th July 1929 with its enclosures 2 copies of the "Appraisal" form recommending the adoption of this form for cities with a population of 50000 and over, I have the honour to state that the form drawn up on the American model with alterations to suit local conditions, would be very useful in measuring the progress of health activities in the three cities for the present and when the scores of each come to be published to set up a healthy rivalry between them.

Dr Sweet has so well detailed the advantages tobe gained from the official adoption of the form that it seems unnecessary for me to make out a case in its favour. It is good and very useful as an index of progress.

I therefore whole heartedly commend it to Government and request that they may be pleased to approve of it and pass early orders authorising as suggested by Dr. Sweet its publications as "Department of Health Bulletin No. " with a suitable preface to be prepared later, making copies available to all the Municipalities and to offices of the Department.

I have the honour to be

Sir,

Your most obedient servant

Sanitary Commissioner with G

100

5

No.C113
Enc. three.

Office of the Sanitary Commissioner
with the Government of Mysore,

Bangalore Dated July 1929

GENERAL BRANCH
Rec'd 790
1 AUG. 1929

Dr. J.V.Karve, M.B.,Ch.B., D.P.H.,
Sanitary Commissioner in Mysore, Bangalore.

Sans 19-29-1

To

H. Ranga Rao Esq., B.A., B.L.,
Offg. Chief Secretary to the Government of
H.H. the Maharaja of Mysore, Bangalore.

OH... FY...
1 AUG. 1929

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I therefore whole heartedly commend it to Government and request that they may be pleased to approve of it and pass early orders, authorising as suggested by Dr. Sweet its publication as "Department of Health Bulletin No. " with a suitable preface to be prepared later, making copies available to all the Municipalities and to officers of the Department.

I have the honour to be

Sir,

Your most obedient servant

Sanitary Commissioner M.G

G.A. 164
31-7-29

D.O. No. T. 58
30/7/29

OFFICE OF THE HEALTH SURVEY
IN MYSORE,

Bangalore the 29th April'29.
30/4

Dear Dr. Karve,

I am sending you with this the appraisal form for health activities in cities of over 50,000 population about which you have given me so many valuable suggestions. In its present form it seems possible to propose that Government adopt it as the standard towards which the health departments of Bangalore, Mysore and the Kolar Gold Fields are expected to develope. As you know, the form was adapted from a similar appraisal form used in many of the cities of the United States.

There are many advantages to be gained from the official adoption of such a form. The City Health Officer can ascertain for himself in just what points his work is up to the standard expected and just where it falls short. His requests to the municipality for extra funds and staff will be supported by an official programme which he is expected to follow. The municipality will be able to judge by impartial standards of the efficiency of its Health Officer, of the value received for its budgeted funds and of work for which it should prepare to find funds and staff. The central health authority will be able to judge exactly of progress made between successive inspections and will always have definite and unchanging standards to which its officers

must comply. Such are only a few of the advantages which occur to me. Doubtless you will think of many more.

In adopting the proposed form from its American original, I made an attempt to set up standards which were not too far above Mysore practise and yet were not so low as to make their attainment a matter of no effort. I think you have already expressed the opinion that you consider the proposed form a reasonable compromise between the ideal of model health practise and the possibilities in Mysore enforced by city resources and available staff. It seems to me that we have set standards which may take some time to reach but which are not as high as we all hope the cities will eventually reach.

The system of scoring used does not necessarily represent the relative importance from a health point of view of the various items. To have attempted to fix scores with such an idea in mind would have meant hopeless confusion and difference of opinion. The relative importance and urgency of the various branches of work will have to be left to the predilections of the health officers and municipalities concerned.

It should be mentioned that all health work in the city is to be counted for score whether carried on by State, District, Municipal or private agencies. A city which can persuade private agencies to start any type of health work mentioned in the form will add to its score just the same as though such work were supported by municipal funds. The figures in the outer columns

are the perfect scores for full compliance with the standard set while the figures of the inner rows are scores for partial accomplishments.

Certain standards have been left vague for the present but definite requirements must later be drawn up to fulfill the purpose of the form. Such standards are those of "minimum health laws" under administration, "adequate lighting," "adequate air space per student", and "adequate seating arrangements" under School Hygiene, inspection of food stores and restaurants "by Government score card" under Food Control, "adequate supervision" of public baths, latrines and urinals under Sanitary Engineering.

If Government approve of the idea of having such an appraisal form as is proposed, I would recommend that it be published as one of the bulletins of the Department of Health, after the preparation of a suitable preface and of an appendix amplifying the vague terms just mentioned. The form, if adopted, should be freely available to all municipalities concerned and to all officers of the Department. Should this form prove to be acceptable in practise, it will be possible to so amend it as to make it apply profitably to cities between 10,000 and 50,000 population, municipalities between 5,000 and 10,000 population and to the proposed Taluk Health Units.

Yours sincerely,

W. C. Sweet,
Director,
Health Survey in Mysore.

Dr. J. V. Karve, M.B.,Ch.B.,D.P.H.,
Sanitary Commissioner
with the Govt.of Mysore,
B a n g a l o r e.

APPRAISAL FORM FOR HEALTH ACTIVITIES.

In Cities of over 50,000 population.

I. ADMINISTRATION. Total points, 100.

(A) Health Officer.
1. Full time (If part time ½ score only).....10
2. Qualified by degrees or over 10 years experience..... 6

(B) Sanitary Inspectors.
1. One per 10,000 population.....10
2. One per 10,000-15,000 population.....5
3. One per 15,000 and over " 2
4. Duties entirely in Health work..... 5
5. " not " " " 2

(C) Vaccinators.
1. One for each 15,000 population.....10
2. One for more than 15,000 population....7(or less)
3. Employing female vaccinator, 1 for every 30,000 population or less..... 5

(D) Midwives. (Licensed)
1. One for each 200 births registered.....12
2. One for each 200-500 " " 8
3. One for each 501 or more " .....4(or less)

(E) Other Medical Personnel.
1. One Assistant Health Officer..... 9
2. School Medical Officer..... 3
3. Clinic Medical Officers (may be part time)..... 3

(F) Other Trained Personnel.
1. Public Health Nurses (1 per 5000 population)... 9
2. Clerks (at least 4 for full credit)..... 4

(G) Sweepers, Scavengers, etc.
1. At least one per 500 population.....10
2. " 501-1000 " 7
3. " 1000-2000 " 3
4. " 2001 and over 1

(H) Minimum Health Bye-laws..... 4

II. VITAL STATISTICS. Total points, 100.

(A) Birth Registration.
1. At least 90% of births reported.....10
" 80% " " 6
" 70% " " 4
Below 70% " " 2

2. Birth certificates granted to 95% reported births..... 6
   85%..... 4
   75%..... 3
   below 75%..... 1
   Not given at all..... 0
3. Births classified by sex, nativity and caste of mother, by months, kind of obstetrical care, etc..... 6
4. Infant mortality rates computed by principal causes, kind of obstetrical care, nativity and caste of mother, by months and graphic presentations given..... 5

(B) Death Registration.

1. Just as for births (except 95% should be reported).....10
2. Death certificates (as for births)..... 6
3. Deaths classified..... 6
   By cause..... 2
   Sex..... 2
   Age. 1
   Caste..... 1
4. Deaths under 1 year classified by cause and age. (by days for first week of life, by weeks for first month and by months for first year).....10
5. Puerperal deaths classified by cause and kind of obstetrical care..... 6
6. Deaths from important communicable diseases classified by months..... 6
7. Graphs prepared for exhibit..... 4

(C) Miscellaneous:

1. At least one subregistrar of Births and Deaths for each 8000 people.....10
   per each 8001-10,000..... 5
   per each 10,001 and over..... 2
   None..... 0
2. Reports always available.
   Printed for distribution..... 5
   Mimeographed.....3
   Not published..... 1
   No reports made..... 0
3. Check of reporting by Health Officer (at least once a year).....10

III. COMMUNICABLE DISEASE CONTROL. (125 points).

(A) Reporting Required of Cases.

1. Smallpox, Cholera and Plague..... 5
   Standard of cases reported for each death reported.
   Plague - at least 3 cases per death..... 3
   Cholera - at least 2 " " 3
   Smallpox-at least 5 " " 3
2. Enteric Fever..... 5
   at least 6 cases per death..... 3
   at least 4 " " 2
   at least 2 " " 1
   Less than 2 " " 0

3. Other Diseases..... 7
Measles, Whooping cough, Diphtheria, Dysentery, Relapsing Fever, Rabies, Leprosy.

(B) Case Investigation and Recording.
1. Complete investigation of each case of Smallpox, Cholera, Plague..... 6
Enteric..... 4
Other diseases..... 3
2. Current spot maps of Smallpox, Cholera and Plague..... 3
Enteric..... 2
Other diseases..... 1
3. Chronological charts of cases by days and weeks..... 2

(C) Control and Immunization.
1. All susceptible contacts immunized in Smallpox..... 8
2. Hospitalization
Smallpox 30% of cases..... 2
Cholera 50% of cases 2
Plague 30% of cases..... 1
Enteric 20% of cases..... 1
3. Vaccination.
(a) 95% Primary school children vaccinated.. 8
85%..... 6
75%..... 4
65%..... 3
55%..... 1
less than 55%..... 0
(b) Average yearly number of vaccinations in people over 5 years old equivalent to at least 10% of population..... 6
" 5% " ... 4
" 3% " ... 2
less than 3% " ... 1
none at all..... 0
4. In times of Cholera and Plague.
At least 100 persons immunized per case..... 8
" " 50 " " 6
" " 25 " " 4
" " 10 " " 2
Less than 10 " " 0
5. Other measures.
(a) Ophthalmia in babies.
Reported to Health Department..... 2
Prophylactic sets furnished to physicians and midwives..... 2
Reporting of use required from physicians and midwives..... 1
(b) Measures for..... 6
Measles.
Whooping cough
Relapsing fever.
Dysentery, Diphtheria, Leprosy.
(c) Rabies..... 5
Stray Dog catching and Destruction..... 3
Dog pound..... 2

3. Other Diseases..... 7
Measles, Whooping cough, Diphtheria, Dysentery, Relapsing Fever, Rabies, Leprosy.

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3. Vaccination.
(a) 95% Primary school children vaccinated.. 8
85%. 6
75%..... 4
65%..... 3
55%..... 1
less than 55%..... 0
(b) Average yearly number of vaccinations
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to at least 10% of population..... 6
" 5% " ... 4
" 3% " ... 2
less than 3% " ... 1
none at all..... 0
4. In times of Cholera and Plague.
At least 100 persons immunized per case..... 8
" " 50 " " 6
" " 25 " " 4
" " 10 " " 2
Less than 10 " " 0
5. Other measures.
(a) Ophthalmia in babies.
Reported to Health Department..... 2
Prophylactic sets furnished to
physicians and midwives..... 2
Reporting of use required from
physicians and midwives..... 1
(b) Measures for..... 6
Measles.
Whooping cough
Relapsing fever.
Dysentery, Diphtheria, Leprosy.
(c) Rabies..... 5
Stray Dog catching
and Destruction..... 3
Dog pound..... 2

6. Venereal Diseases.
   (a) Clinic facilities available free..... 4
   (b) Registrants—at least 6 per 1000 population.4
   at least 4 " " ... 3
   at least 3 " " ... 2
   at least 2 " " ... 1
   less than 2 " ... 0
   (c) Reported sources of infection located..... 2
   Examined..... 1
   Treated..... 1
7. Tuberculosis Control.
   (a) Local clinic available with qualified medical attendant..... 4
   (b) At least 3 contacts examined for each new case..... 3
   (c) At least 8 visits to home for each registered case..... 3
   (d) At least 5 hospital beds available per 50 diagnosed cases..... 3
   at least 3 beds..... 2
   less than 3 beds 1
   no beds..... 0

IV. MATERNAL AND INFANT HYGIENE. (100 points).

(A) Maternal Hygiene.
1. Hospital Deliveries.
   at least 30 per cent of births.....12
   " " 20 " 8
   " " 15 " 6
   " " 10 " 3
   " " 5 " 1
   less than 5 " 0
2. Deliveries by physician or licensed midwife
   at least 30 per cent(of those not in hospital) 10
   " " 20 " 8
   " " 10 " 4
   " " 5 " 2
   less than 5 " 0
3. Clinic available free for prenatal service.....15
   (a) at least 5 visits per registered case..... 9
   (b) at least 5 home visits per registered case. 9

(B) Infant Hygiene.
1. Clinic facilities available free.....15
   (a) At least 3000 visits per 1000 live births..10
   " 2000 " 8
   " 1000 " 6
   " 500 " 2
   Less than 500 " 0

2. Post-natal visits to homes.
   (a) At least 2000 visits per 1000 live births..10
   " 1000 " 8
   " 500 " 6
   " 250 " 2
   Less than 250 " 0

(C) Supervised Creche or Kindergarden.
(at least 1 per 10,000 population).....10

V. SCHOOL HYGIENE. (125 points).

(A) Morning Inspection by teacher for suspicious signs of departure from normal.

At least 95% of school covered.....10
" 75% of " 8
" 50% " 5
" 25% " 2
Less than 25% " 0
(Teachers must show records of cases referred to dispensary).

(B) Sanitation of School Buildings.

1. Buildings inspected once yearly by Health Officer.....5
2. All school buildings provided with safe latrines.....15
   At least 90% so provided.....10
   " 70% " 5
   Less than 70% " 0
3. (a) Safe drinking water in all schools.....10
   In at least 90%..... 8
   " 70%..... 4
   In less than 70%..... 0
4. (a) Adequate lighting..... 3
   (b) Adequate air space per student..... 2
   (c) Adequate seating arrangements..... 2

(C) Health Examination by a Physician once a year.

1. Examination of at least 85% of first year children.....20
   At least 75%.....10
   " 50%..... 5
   Less than 50%..... 0
2. Examination of 6th or 7th year children.
   At least 85%.....20
   " 75%.....10
   " 50%..... 5
   Less than 50%..... 0
3. Defects found notified to
   Teacher. 3
   Parent..... 3
4. Defects found which were treated during year.
   At least 80 per cent. 12
   " 70 " 10
   " 50 " 6
   " 30 " 4
   " 20 " 2
   Less than 20 " 0

(D) Health Education.

1. Systematic general instruction in Health
   At least 40 minutes per week in all grades.10
   " 20 " " 5
   Less than 20 " " 0

2. Health Activities.
   At least 80% of schools with Health Clubs, Inspections of health conditions, supervision of ventilation, study of mosquitoes, demonstrations of subjects of health interest, monthly weighing, or other form of organization for practical activity in health interests.....2
   At least 50%.....1
   Less than 50%.....0
3. Recreation.
   (a) Play ground for young children.....1
   Supervision of play.....1
   (b) Play ground for primary school.....1
   Supervision of play.....1
   (c) Play ground for Middle School.....1
   Supervision of play.....1
   (d) Play ground for High School & other.....1
   Supervision of play.....1

VI. FOOD CONTROL. (100 points).

(A) Food Inspections.
1. Inspection and supervision of abattoir.....10
2. Daily inspection of markets.....10
3. Inspection of food stores and restaurants.
   (a) By Government score card.....10
   (b) By other standards.....5
4. Inspection of milk handlers and dairies. 10

(B) Licensing of
(a) Butchers..... 6
(b) Stall holders in markets..... 6
(c) Food stores..... 6
(d) Milk dealers..... 6
(e) Dairies..... 6

(C) Other measures.
1. Protection of Food for sale from flies.....12
2. Periodic testing of samples of
   (a) Butter and ghee..... 3
   (b) Milk..... 5
   (c) Other foods..... 2
3. Closed vans for transport of meat required..... 4
4. Cold storage provided and regulated..... 4

VII. SANITARY ENGINEERING. (150 points).

(A) Routine Inspection Service.
1. (a) Number of Inspections at least 100 per 1000 population.....15
   At least 75 per 1000 population....13
   " 50 " 10
   " 35 " 8
   " 15 " 6
   " 10 " 3
   Less than 10 " 0
   (b) Regular Factory and Building inspection..... 5

(B) Water Supply.

1. Distribution:

available to total population.....10
" 80% " 8
" 60% " 6
" 40% " 4
" 20% " 3
" 10% " 1
Less than 10% 0

2. Water Purification.

(a) Stored, filtered and chlorinated... 15
(b) Stored and chlorinated.....13
(c) Stored and filtered.....10
(d) Chlorinated only..... 8
(e) Filtered only..... 6

3. Purity.

30 per cent or less of 10 cc.domestic samples showing B.Coli or other dangerous organisms.....15
31 per cent - 50 per cent as above...10
Over 50% as above..... 0

(C) Sewage and Latrines.

1. Sewage system present.

At least 60% of houses connected.....10
" 50% " 8
" 30% " 6
" 20% " 4
" 10% " 2
Less than 10% " 0

2. Percent of unsewered Houses have adequate latrines.

At least 100 per cent.....10
" 85 " 6
" 75 " 4
" 50 " 2
Less than 50 " 0

3. Adequate disposal of sewage.....10
4. Adequate disposal of night soil from latrines.....10

(D) Plague.

1. All food and grain stores, godowns etc., rat-proofed.....10
At least 80% rat-proofed.....8
" 40% " 4
" 20% " 2
Less than 20% " 0

2. Rat-catching gangs of 1 maistry and 5 coolies.(1 per 15,000 population)..... 5

(E) Recommendations for mosquito control.

1. Fully carried out.....15
2. Half carried out.....8
3. Less than half carried out.....4
4. Disregarded 0

(F) Public Baths..... 8

1. At least 1 per 5,000 population.....4
2. Adequate supervision.....4

(G) Public latrines and urinals.....12
1. Latrines, 1 per 1,000 population.....4
2. Urinals, 1 per 500 population.....4
3. Supervised and kept clean.....4

VIII. LABORATORY (100 points)

[A] Facilities — Local.
1. Any available..... 5
2. Technician employed.....10
3 Adequate equipment and space (for simple processes only).....10

(B) Specimens examined. (Locally or Centrally).
1. At least 60 specimens per 1000 population, of faeces, blood smears, sputum, etc. for full score.....25
2. Water samples
(a) From public supplies.
Daily.....25
Weekly.....15
Monthly.....10
Less often..... 5
(b) From private or semi-public supplies at least 50 specimens per 10,000 population.....10
3. Rats examined for plague (at least 10 a month for full score).....10
4. Food samples (at least 10 a month for full score)..... 5

IX. POPULAR HEALTH INSTRUCTION. (100 points)

(A) Use of pamphlets, lectures, talks, and Motion pictures to reach at least 10% of the population yearly.....35

(B) Newspaper publicity.....35
Reports of Meetings only.....10
Monthly Report of Work only.....10
Special articles only.....15

(C) Periodic Reports printed and circulated free.....15

(D) Special demonstrations.....15

	SUMMARY.	Highest Possible Score.
I.	Administration.	100
II.	Vital Statistics.....	100
III.	Communicable Disease Control.....	125
IV.	Maternal and Infant Hygiene.....	100
V.	School Hygiene.....	125
VI.	Food Control.....	100
VII.	Sanitary Engineering.....	150
VIII.	Laboratory.....	100
IX.	Health Education.....	100
	Total.....	1000

12 Sam 47

Sam 19-29-2

Proceedings of the Government of H.H.
the Maharaja of Mysore

Read:-

Letter No.C.113 dated .. July 1929 from the Sanitary Commissioner forwarding a copy of letter received by him from Dr. Sweet and recommending that the 'Appraisal' form therein referred to may be approved for adoption in the Cities with a population of 50,000 and over, with a view to measure the progress of health activities therein.

Order No. G. 4068-75/G/C
Dated Bangalore. 24.9.29

It is reported that the proposed Appraisal form is drawn up on the American model with necessary alterations to suit local conditions and would be very useful in measuring the progress of health activities in the Bangalore and Mysore Cities and the Kolar Gold Field area, whether

~~the form is designed to be useful as an index of progress and provides for measuring all health work whether~~ carried on by the State, District, Municipal or private agencies ~~by~~ a system of scoring. The Central Health authority at each inspection of the areas concerned allots the points scored by each area on every item of health work and can estimate definitely the progress made by the Health Officers since the previous inspection. When

these scores come to be published, it is expected ~~claimed~~ that a healthy rivalry will be set up amongst the Cities for improving the conditions therein. The Sanitary Commissioner in strongly recommending its adoption in Mysore suggests that it may be published as a Public Health Department bulletin with a suitable preface to be prepared later on.

Government agree with the Sanitary Commissioner and Dr. Sweet that the form is likely to ~~will~~ prove very useful and ~~as~~ furnish~~ing~~ a standard for measuring progress in Health activities. The form is accordingly approved and appended to this order.

The proposal to publish it as a P.H. Department bulletin with a suitable preface is also approved. The Sanitary Commissioner is requested to take necessary further action in the matter in consultation with Dr. Sweet

RJ 21/9/14

By Chief Secretary to Government.

To

The Sanitary Commissioner.
Dr. W.C. Sweet, B.Sc., M.D.,
Director of Health Survey
The Presidents of the City Municipal
Councils of Bangalore ~~&~~ and
Mysore.
The President, Sanitary Board, K, G&F,

cp. Press Table

JRM 18/9/14

Read :-

Letter No. H. 113 dated the July 1929 from the Sanitary Commissioner in Mysore forwarding a copy of letter received by him from Dr. Sweet and recommending that the 'Appraisal' form therein referred to may be approved for adoption in the cities with a population of 50,000 and over, with a view to measure the progress of health activities therein.

Order No. G. 4068-75/Sany 19-29-2

Dated, Bangalore, 24th October 1929.

It is reported that the proposed Appraisal form is drawn up on the American model with necessary alterations to suit local conditions and would be very useful in measuring the progress of health activities in the Bangalore and Mysore cities and the Kolar Gold Fields area, whether carried on by the State, District, Municipal or private agencies. The Central Health authority at each inspection of the areas concerned allots the points scored by each area on every item of health work and can estimate definitely the progress made by the health officers since the previous inspection. When these scores come to be published, it is expected that healthy rivalry will be set up amongst the cities for improving the conditions therein. The Sanitary Commissioner is strongly recommending its adoption in Mysore suggests that it may be published as a Public Health Department bulletin with a suitable preface to be prepared later on.

Government agree with the Sanitary Commissioner and Dr. Sweet that the form is likely to prove useful and furnish a standard for measuring progress in Health activities. The form is accordingly approved and appended to this order.

The proposal to publish it as a Public Health Department bulletin with a suitable preface is also approved. The Sanitary Commissioner is requested to take necessary further action in the matter in consultation with Dr Sweet.

Mr. Swart.

Subbarayappa

The Chief Secretary to Government.

I.H.

To

The Sanitary Commissioner in Mysore

Mr. J.C. Swart, B.Sc., I.F.S.,
Director of Health Survey,

The President of the City Municipal Councils of
Bangalore and Mysore.

The Assistant President, Sanitary Board, Kolar Gold Fields.

Pres Table

Government of his highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. G. 4068-75—Sany. 19-29-2, dated 24th September 1929.

Apprisal Form.

Approves the —— for measuring progress in Health Activities.

READ—

Letter No. C. 113, dated the July 1929, from the Sanitary Commissioner in Mysore, forwarding a copy of letter received by him from Dr. Sweet and recommending that the 'Apprisal' form therein referred to may be approved for adoption in the Cities with a population of 50,000 and over, with a view to measure the progress of health activities therein.

ORDER NO. G. 4068-75—SANY. 19-29-2, DATED 24TH SEPTEMBER 1929.

It is reported that the proposed Apprisal form is drawn up on the American model with necessary alterations to suit local conditions and would be very useful in measuring the progress of health activities in the Bangalore and Mysore Cities and the Kolar Gold Field area, whether carried on by the State, District, Municipal or private agencies. The Central Health authority at each inspection of the areas concerned allots the points scored by each area on every item of health work and can estimate definitely the progress made by the Health Officers since the previous inspection. When these scores come to be published, it is expected that healthy rivalry will be set up amongst the Cities for improving the conditions therein. The Sanitary Commissioner in strongly recommending its adoption in Mysore, suggests that it may be published as a Public Health Department Bulletin with a suitable preface to be prepared later on.

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R. RANGA RAO,
Offg. *Chief Secretary to Government.*

To—The Sanitary Commissioner in Mysore.
Dr. W. C. Sweet, B.Sc., M.D., Director of Health Survey.
The Presidents of the City Municipal Councils of Bangalore and Mysore.
The President, Sanitary Board, Kolar Gold Field.
PRESS TABLE.

Exd.—P. S. R. N.

No. G. 4068-75—Sany. 19-29-2, dated 24th September 1929.

APPRISAL FORM FOR HEALTH ACTIVITIES.

In Cities of over 50,000 Population.

I. *Administration*—(Total Points, 100.)

(A) Health Officer.—

1.	Full time (If part time ½ score only)	10
2.	Qualified by degrees or over 10 years experience	6

(B) Sanitary Inspectors.—

1.	One per 10,000 population		10
2.	One per 10,000-15,000 population	5	
3.	One per 15,000 and over ,,	2	
4.	Duties entirely in Health work		5
5.	Do not do	2	

(C) Vaccinators.—

1.	One for each 15,000 population	10
2.	One for more than 15,000 population	7 (or less)
3.	Employing Female Vaccinator, 1, for every 30,000 population or less	5

(D) Midwives (Licensed).—

1.	One for each 200 births registered		12
2.	Do 200-500 do	8	
3.	Do 501 or more do	4 (or less.)	

(E) Other Medical Personnel.—

1.	One Assistant Health Officer	9
2.	School Medical Officer	3
3.	Clinic Medical Officers (may be part time)	3

(F) Other Trained Personnel.—

1.	Public Health Nurses (1 per 5,000 population)	9
2.	Clerks at least 4 for full credit	4

(G) Sweepers, Scavengers, etc.—

1.	At least one per 500 population		10
2.	Do 501-1,000 population	7	
3.	Do 1,000-2,000 ,	3	
4.	Do 2,001 and over	1	

(H) Minimum Health Bye-laws 4

II. *Vital Statistics.*—(Total points, 100.)

(A) Birth Registration.—

1.	At least 90% of births reported		10
	Do 80% of do	6	
	Do 70% of do	4	
	Below 70% of do	2	
2.	Birth Certificates granted to 95% reported births		6
	85%	4	
	75%	3	
	Below 75%	1	
	Not given at all	0	
3.	Births classified by sex, nativity and caste of mother by months kind of obstetrical care, etc.		6
4.	Infant mortality rates computed by principal causes, kind of obstetrical care, nativity and caste of mother, by months and graphic presentations given		5

(B) Death Registration.—

1.	Just as for births (except 95% should be reported)		10
2.	Death Certificates (as for births)		
3.	Deaths Classified		6
	By cause	2	
	Sex	2	
	Age	1	
	Caste	1	
4.	Deaths under one year classified by cause and age (by days for first week of life, by weeks for first month and by months for first year)		10
5.	Puerperal deaths classified by cause and kind of obstetrical care		6
6.	Deaths from important communicable diseases classified by months		6
7.	Graphs prepared for exhibit		4

No. G. 4068-75—Sany. 19-29-2, dated 24th September 1929.

(C) Miscellaneous.—

1.	At least one Sub-Registrar of Births and Deaths for each 8,000 people		10
	Per each 8,001-10,000	5	
	Per each 10,001 and over	2	
	None	0	
2.	Reports always available.—		
	Printed for distribution		5
	Mimeographed	3	
	Not published	1	
	No reports made	0	
3.	Check of reporting by Health Officer (at least once a year)		10

III. Communicable Disease Control.—(125 points.)

(A) Reporting Required of Cases.—

1.	Small-pox, Cholera and Plague		5
	Standard of cases reported for each death reported		
	Plague—at least 3 cases per death		3
	Cholera—at least 2 cases per death		3
	Small-pox—at least 5 cases per death		3
2.	Enteric Fever ..		5
	At least 6 cases per death		3
	Do 4 do	2	
	Do 2 do	1	
	Less than 2 do	0	
3.	Other Diseases ..		7
	Measles, Whooping cough, Diphtheria, Dysentery, Relapsing Fever, Rabies, Leprosy.		

(B) Case Investigation and Recording.—

1.	Complete investigation of each case of Small-pox, Cholera, Plague		6
	Enteric		4
	Other diseases		3
2.	Current spot maps of—		
	Small-pox, Cholera and Plague		3
	Enteric		2
	Other diseases		1
3.	Chronological charts of cases by—		
	Days and weeks		

C) Control and Immunization.—

1.	All susceptible contacts immunized.—		
	in Small-pox		8
2.	Hospitalization.—		
	Small-pox 30 per cent of cases		
	Cholera 50 per cent of cases		
	Plague 30 per cent of cases ..		1
	Enteric 20 per cent of cases		1
03.	Vaccination.—		
	(*a*) 95 per cent Primary school children vaccinated		8
	85 per cent	6	
	75 do	4	
	65 do	3	
	55 do	1	
	Less than 55 per cent	0	
	(*b*) Average yearly number of vaccinations in people over 5 years old equivalent to at least 10 per cent of population ..		6
	Do 5 per cent of population	4	
	Do 3 do do	2	
	Less than 3 per cent of population	1	
	None at all	0	
4.	In times of Cholera and Plague.—		
	At least 100 persons immunized per case		8
	Do 50 .. do do	6	
	Do 25 .. do do	4	
	Do 10 do do	2	
	Less than 10 do do	0	

5. Other measures.—		
(*a*) Ophthalmia in babies.—		
Reported to Health Department		2
Prophylactic sets furnished to physicians and midwives		2
Reporting of use required from physicians and midwives		1
(*b*) Measures for		6
Measles.		
Whooping cough.		
Relapsing fever.		
Dysentery, Diphtheria, Leprosy.		
(*c*) Rabies		5
Stray Dog catching and destruction	3	
Dog pound	2	
6. Venereal Diseases.—		
(*a*) Clinic facilities available free		4
(*b*) Registrants.—		
At least 6 per 1,000 population		4
Do 4 do	3	
Do 3 do	2	
Do 2 do	1	
Less than 2 do	0	
(*c*) Reported sources of infection located		2
Examined	1	
Treated	1	
7. Tuberculosis Control.		
(*a*) Local clinic available with qualified medical attendant		4
(*b*) At least 3 contacts examined for each new case		3
(*c*) At least 8 visits to whom for each registered case		3
(*d*) At least 5 hospital beds available per 50 diagnosed cases		3
At least 3 beds	2	
Less than 3 beds	1	
No beds	0	

IV. Maternal and Infant Hygiene.—(100 points)

(A) Meternal Hygiene.—		
1. Hospital Deliveries.—		
At least 30 per cent of births		12
Do 20 do	8	
Do 15 do	6	
Do 10 do	3	
Do 5 do	1	
Less than 5 do	0	
2. Deliveries by physician or licensed midwife.		
At least 30 per cent (of those not in hospital)		10
Do 20 do	8	
Do 10 do	4	
Do 5 do	2	
Less than 5 do	0	
3. Clinic available free for prenatal service		15
(*a*) At least 5 visits per registered case		9
(*b*) At least 5 home visits per registered case		9
(B) Infant Hygiene.—		
1. Clinic facilities available free		15
(*a*) At least 3,000 visits per 1,000 live births		10
Do 2,000 do do	8	
Do 1,000 do do	6	
Do 500 do do	2	
Less than 500 do do	0	
2. Post-natal visits to homes.—		
(*a*) At least 2,000 visits per 1,000 live births		10
Do 1,000 do do	8	
Do 500 do do	6	
Do 250 do do	2	
Less than 250 do do	0	
(C) Supervised Creche or Kindergarten.—		
(At least 1 per 10,000 population)		10

V. School Hygiene.—(125 points).—

(A) Morning Inspection by teacher for suspicious signs of departure from normal.—

At least 95 per cent of school covered		10
Do 75 do do	8	
Do 50 do do	5	
Do 25 do do	2	
Less than 25 do do	0	

(Teachers must show records of cases referred to dispensary)

(B) Sanitation of School Buildings.—

1. Buildings inspected once yearly by Health Officer		5
2. All school buildings provided with safe latrines		15
At least 90 per cent so provided	10	
Do 70 do do	5	
In less than 70 do do	0	
3 (*a*) Safe drinking water in all schools		10
In at least 90 per cent	8	
Do 70 do	4	
In less than 70 do	0	
4. (*a*) Adequate lighting		3
(*b*) Adequate air space per student		2
(*c*) Adequate seating arrangements		2

(C) Health Examination by a Physician once a year.—

1. Examination of at least 85 per cent of first year children		20
At least 75 per cent	10	
Do 50 do	5	
Less than 50 do	0	
2. Examination of 6th or 7th year children.—		
At least 85 per cent		20
Do 75 do	10	
Do 50 do	5	
Less than 50 do	0	
3. Defects found notified to.–		
Teacher		3
Parent		3
4. Defects found which were treated during year.—		
At least 80 per cent		12
Do 70 do	10	
Do 50 do	6	
Do 30 do	4	
Do 20 do	2	
Less than 20 do	0	

(D) Health Education.—

1. Systematic general instruction in Health.—		
At least 40 minutes per week in all grades		10
Do 20 do do	5	
Less than 20 do do	0	
2. Health Activities.—		
At least 80 per cent of Schools with Health Clubs, Inspections of health conditions, supervision of ventilation, study of mosquitoes, demonstrations of subjects of health interest, monthly weighing or other form of organization for practical activity in health interests		2
At least 50 per cent	1	
Less than 50 per cent	0	
3. Recreation.—		
(*a*) Play ground for young children		1
Supervision of play		1
(*b*) Play ground for Primary School		1
Supervision of play		1
(*c*) Play ground for Middle School		1
Supervision of play		1
(*d*) Play ground for High School and other		1
Supervision of play		1

VI Food Control.—(100 points).

(A) Food Inspections.—

1. Inspection and supervision of abattoir	10
2. Daily inspection of markets	10

3. Inspection of food stores and restaurants.—		
(*a*) By Government Score card		10
(*b*) By other standards	5	
4. Inspection of milk handlers and dairies.—		10
(B) Licensing of.—		
(*a*) Butchers		6
(*b*) Stall holders in markets		6
(*c*) Food stores		6
(*d*) Milk dealers		6
(*e*) Dairies		6
(C) Other measures.—		
1. Protection of food for sale from flies		12
2. Periodic testing of samples of.—		
(*a*) Butter and Ghee		3
(*b*) Milk		5
(*c*) Other foods		2
3. Closed vans for transport of meat required		4
4. Cold storage provided and regulated		4
VII. Sanitary Engineering—(150 points).		
(A) Routine Inspection Service.—		
1. (*a*) Number of Inspections at least 100 per 1,000 population		15
At least 75 per 1,000 population	13	
Do 50 do do	10	
Do 35 do do	8	
Do 15 do do	6	
Do 10 do do	3	
Less than 10 do do	0	
(*b*) Regular Factory and Building Inspection		5
(B) Water Supply.—		
1. Distribution.—		
Available to total population	..	10
Do 80 per cent population	8	
Do 60 do	6	
Do 40 do	4	
Do 20 do	3	
Do 10 do	1	
Less than 10 per cent	0	
2. Water purification.—		
(*a*) Stored, filtered and chlorinated	..	15
(*b*) Stored and chlorinated	13	
(*c*) Stored and filtered	10	
(*d*) Chlorinated only	8	
(*e*) Filtered only	6	
3. Purity.—		
30 per cent or less of 10 cc. domestic samples showing B. Coli or other dangerous organisms	..	15
31 per cent—50 per cent as above	10	
Over 50 per cent as above	0	
(C) Sewage and Latrines.—		
1. Sewage system present.—		
At least 60 per cent of houses connected		10
Do 50 do	8	
Do 30 do	6	
Do 20 do	4	
Do 10 do	2	
Less than 10 do	0	
2. Per cent of unsewered houses have adequate latrines.—		
At least 100 per cent		10
Do 85 do	6	
Do 75 do	4	
Do 50 do	2	
Less than 50 do	0	
3. Adequate disposal of sewage		10
4. Do night soil from latrines		10

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(D) Plague.—		
1. All food and grain stores, godowns, etc., rat-proofed		10
At least 80 per cent rat-proofed	8	
Do 40 do	4	
Do 20 do	2	
Less than 20 do	0	
2. Rat-catching gangs of 1 maistry and 5 coolies. (1 per 15,000 population)		5
(E) Recommendations for mosquito control.—		
1. Fully carried out		15
2. Half carried out	8	
3. Less than half carried out	4	
4. Disregarded	0	
(F) Public Baths.—		8
1. At least 1 per 5,000 population	4	
2. Adequate supervision	4	
(G) Public latrines and urinals.—		12
1. Latrines, 1 per 1,000 population	4	
2. Urinals, 1 per 500 population	4	
3. Supervised and kept clean	4	
VIII. Laboratory—(100 points).		
(A) Facilities—Local.—		
1. Any available		5
2. Technician employed		10
3. Adequate equipment and space (for simple processes only)		10
(B) Specimens examined. (Locally or Centrally).		
1. At least 60 specimens per 1,000 population of faeces, blood smears, sputum, etc., for full score		25
2. Water samples.—		
(*a*) From public supplies.		
Daily	..	25
Weekly	15	
Monthly	10	
Less often	5	
(*b*) From private or semi-public supplies at least 50 specimens per 10,000 population		10
3. Rats examined for plague (at least 10 a month for full score)		10
4. Food samples (at least 10 a month for full score)		5
IX. Popular Health Instruction—(100 points).		
(A) Use of pamphlets, lectures, talks and Motion pictures to reach at least 10 per cent of the population yearly		35
(B) Newspaper publicity		35
Reports of Meetings only	10	
Monthly Report of work only	10	
Special articles only	15	
(C) Periodic Reports printed and circulated free		15
(D) Special demonstrations		15

Summary	*Highest possible Score*
I. Administration	100
II. Vital Statistics	100
III. Communicable disease control	125
IV. Maternal and Infant Hygiene	100
V. School Hygiene	125
VI. Food Control	100
VII. Sanitary Engineering	150
VIII. Laboratory	100
IX. Health Education	100
Total	1,000

WD 908—GPB—425—10-10-29